

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/563379

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		(1)				
2							52		(1)				
3		2					53		(1)				
4		(1)					54		(1)				
5		(1)					55		(1)				
6		(1)					56		(1)				
7		(1)					57						
8		(1)					58						
9		(1)					59						
10		(1)					60						
11		(1)					61						
12		(1)					62						
13		(1)					63						
14		(1)					64						
15		(1)					65						
16		(1)					66						
17		(1)					67						
18		(1)					68						
19		(1)					69						
20		(1)					70						
21		(1)					71						
22		(1)					72						
23		(1)					73						
24		(1)					74						
25		(1)					75						
26		(1)					76						
27		(1)					77						
28		(1)					78						
29		(1)					79						
30		(1)					80						
31		(1)					81						
32		(1)					82						
33		(1)					83						
34		(1)					84						
35		(1)					85						
36		(1)					86						
37		(1)					87						
38		(1)					88						
39		(1)					89						
40		(1)					90						
41		(1)					91						
42		(1)					92						
43		(1)					93						
44		(1)					94						
45		(1)					95						
46		(1)					96						
47		(1)					97						
48		(1)					98						
49		(1)					99						
50		(1)					100						
TOTAL IND.							TOTAL IND.	1					
TOTAL DEP.							TOTAL DEP.	56					
TOTAL CLAIMS							TOTAL CLAIMS	57					